## STATE OF IOWA Department of Education COMMODITY NON-DELIVERY DATES

## This form must be completed by ALL facilities before FRIDAY, August 6, 2010.

INSTRUCTIONS: <u>Please complete each section completely</u> . NOTE: Deliveries will be made during inclement weather notified otherwise.					
Fax or mail form to:  KECK, Inc.  Attn: Patty Johnson  501 SW 7 <sup>th</sup> Street, Suite D  Des Moines, IA 50309		Telephone Number: FAX Number:	(515) 244-5646 (515) 244-5252		
SECTION A: School I	<u>nformation</u>				
County/Agreement #:					
School:			City:		
Authorized Representa	tive:		Title:		
Telephone Number:			FAX:		
E-Mail Address:					
for Keck to change de unavailable to accept to this form.	nmodity delivery. (Please remember elivery dates and times once they lease contact Patty a deliveries. Please contact Patty a neduled, please check here:	nave been scheduled, so t Keck, Inc. before a disti	they need to be aware of AL	L dates you are	
II NO BREARO GIO GOI	AUGUST		SEPTEMBER	_	
	AUGUST		SEFIEMBER		
	OCTOBER		NOVEMBER		
DECEMBER			JANUARY		
	FEBRUARY		MARCH		
	APRIL		MAY		
IMPORTANT: Perso	on(s) to contact if school is clo	sed ( <u>please provide N</u>	ON-SCHOOL phone numb	<u>ers</u> ):	
Name/Title:					
Phone Numbe Name/Title:					
Phone Numbe	r:				
deliveries BEFORE 7:0	Times e <i>Monday through Friday, <u>any</u> 0am</i> or <u>AFTER 4:00pm</u> , please list t te will accept deliveries <b>earlier than</b>	hem below.			
This si	te will accept deliveries later than 4:	<b>00p.m</b> . Please indicate tin	ne <u>after 4:00pm</u> :	p.m.	
<u> </u>					
Signature, Authorized S	School Representative	Date	(mm/dd/yy)		